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ABSTRACT

As part of an ongoing project to determine how effectively school psychological services promote student mental health, learning, and welfare in San Diego City Schools (California), accountability studies were conducted. A previously developed planning model guided the process. During the 1995-96 school year, school psychologists gathered data using revised procedures. Particular attention was given to collecting information that accurately described the broad range of job responsibilities and activities performed by school psychologists. The level of satisfaction expressed by recipients of psychological services such as school site personnel and parents was evaluated. The accountability studies examined in this report extend findings on student referral demographics and use of time by school psychologists reported earlier by the authors. The chapters are (1) "Introduction"; (2) "Student Demographics and Time Studies of Psychological Services" (A. Reifman, J. McDaid); (3) "School Site Needs for Psychological Services: Perceptions of Parents, Administrators, Teachers, and Support Staff" (J. McDaid, A. Pierce, P. Theodore); (4) "Parent Satisfaction with School Psychologist Services: Exploratory Study" (J. McDaid, A. Reifman); (5) "Discussion, Blueprint for Future Accountability Studies, and Recommendations." Data collection instruments, interview guidelines, and cost benefits analysis are included in six appendices. (EMK)

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**Promoting Student Mental Health, Learning & Welfare:
1995-96 School Psychology Services Accountability Studies**

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June 18, 1997

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Chapter One Introduction

Purpose of the Study:

The accountability studies contained in this report were conducted to determine how effectively school psychological services promote student mental health, learning and welfare in San Diego City Schools (SDCS). The studies build upon prior accountability studies conducted by the SDCS School Psychology Services Unit (McDaid & Reifman, 1995; Reifman, 1993; Reifman 1992). The accountability studies continue to be conducted in order to: (1) monitor the quality of school psychology services to children and their families; and, (2) provide credible data which can guide the design and delivery of future psychological services to schools.

Background Information:

During the 1992-93 school year, the Grants, Research, and Improved Technology (GRIT) Committee was established within the SDCS School Psychology Services Unit. The purpose of the GRIT Committee was to develop and implement a process for conducting systematic and ongoing accountability studies. Related goals were to: (1) involve school psychologists in data collection and analysis; and, (2) integrate ongoing accountability, research, and evaluation activities into the school psychologists' role & responsibilities. Our planning was guided by researchers within the field of school psychology such as Zins (1990) who indicated that research should be integrated into the school psychologists' job responsibilities in order to: (1) benefit the clients of psychological services, (2) improve over psychological services, and (3) demonstrate program effectiveness. He further indicated that accountability efforts should be carefully planned and undertaken in a proactive basis. Information should be gathered so that it is relevant to ongoing and systematic improvement of psychological services. It is important that the data are useful, relevant, and applicable to the realities of daily practice.

As a first step in approaching the task of conducting accountability studies, the GRIT Committee developed a planning model. The planning model shown in Figure 1 served as a guide for the development and implementation of the accountability study process. The model contains the following components:

1. identify relevant issues and variables for study,
2. develop instrumentation and data collection procedures,
3. train school psychologists on identification of research variables, instruments & data collection procedures, and reporting formats,
4. implement accountability studies.
5. report and disseminate research findings.

**SDCS School Psychology Services
Grants, Research & Improved Technology (GRIT)
Accountability Studies**

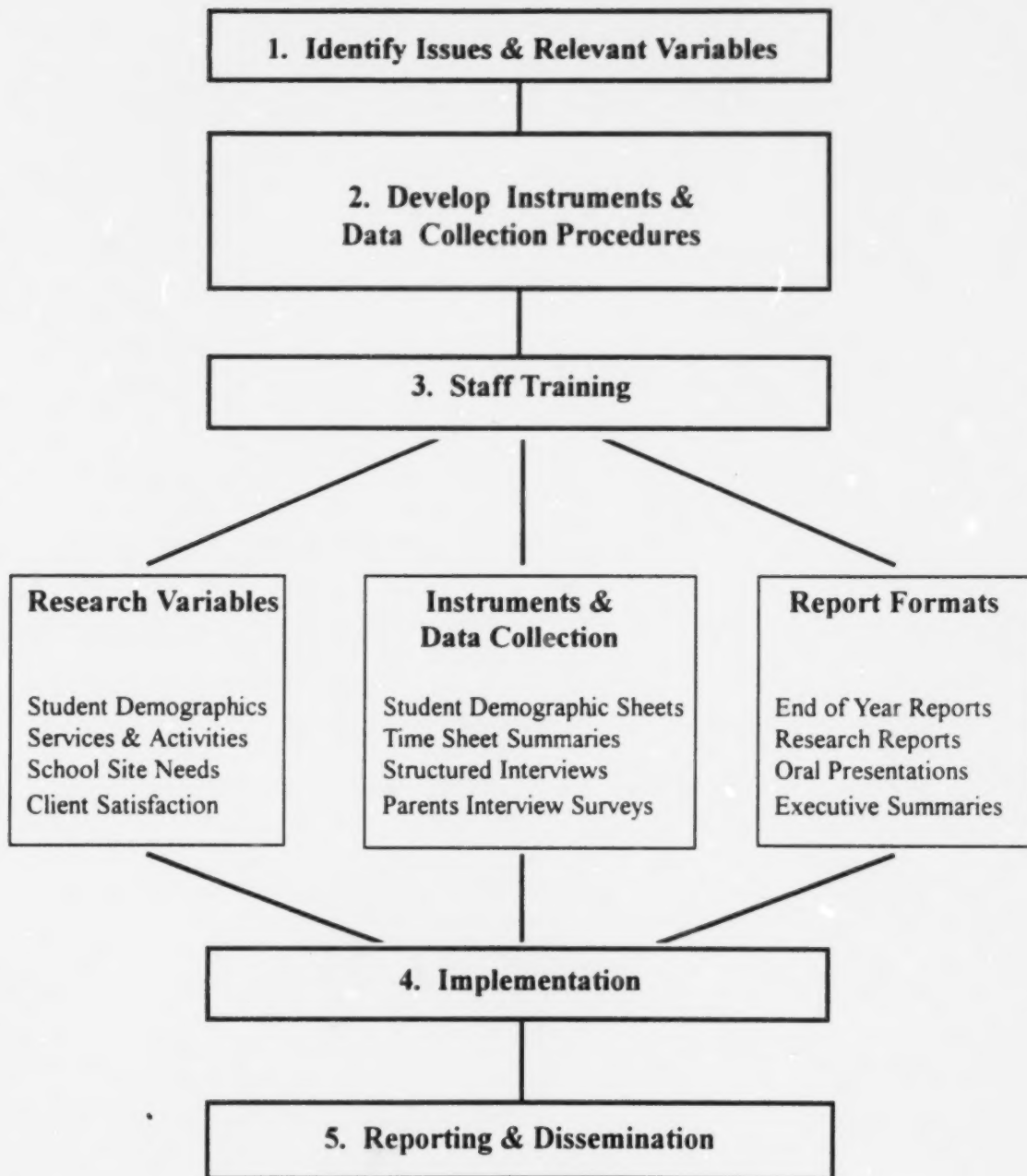


Figure 1. Planning model for accountability studies of school psychology services.

Beginning in the 1992-93 school year, the planning model (Figure 1) was developed and guided the planning and initial implementation of a process for conducting accountability studies within SDCS School Psychology Services Unit. As a first step, the GRIT Committee identified relevant **issues and research variables** for study which included the following:

- student referral demographics (age, gender, ethnicity, grade level, primary language, language proficiency, reason for referral),
- psychological services and activities required to process student referrals,
- time studies of school psychologists' job functions such as early identification of students having potential problems, counseling and crisis intervention, psychological assessment, and support services to school and district problems,
- client satisfaction with psychological services (parents, school site personnel).

The second step involved development of **research instruments and data collection procedures** which included the following:

- Student Demographic Sheets (Appendix A),
- Psychologist Time Study Summary Sheets (Appendix B),
- Structured Interview -- Needs Assessment (Appendix C), and
- Parent Interview Forms (Appendix D).

During the 1993-94 school year, the data collection instruments and procedures were field-tested. As a third step, school psychologists were **trained** on the research variables, instrumentation and data collection procedures and reporting formats. During the 1994-95 school year, accountability studies were **implemented** in order to provide baseline information (McDaid & Reifman, 1995).

The final step in our planning model -- **reporting and dissemination** of the studies findings -- will be an ongoing activity as we continue the accountability studies. Various formats have been identified for reporting the results of the studies. The reporting formats are as follows:

- end-of-year reports made at school sites,
- written research reports distributed to school psychology staff and other school district personnel,
- oral presentations to relevant audiences, and
- executive summaries prepared for distribution to parents, community and district advisory committees, district decision-makers, and the school board.

Results from our 1994-95 study were reported in the SDCS Report, "Promoting Student Mental Health, Learning & Welfare: 1994-95 School Psychologist Time Study", and reprinted in the following professional newsletters *Focus on School Psychology*, *CASP Today*, *NASP Communique*, and *APA School Psychologist*.

Initial accountability studies conducted by Arthur Reifman (1993, 1992) focused on identification of key issues and variables for future study. Reifman (1992, 1993) conducted exploratory studies investigating the job functions of school psychologists and student referral patterns. He found special education evaluations were the predominant work activity among SDCS school psychologists (Reifman, 1992). African American and White students were found to be over represented among students who were referred for psychological services, and Asian American students were found to be under represented in another study (Reifman, 1993).

Between 1993 to 1994, the GRIT Committee field tested and refined data collection instruments. SDCS School Psychology Services Unit staff were kept informed about GRIT Committee activities relative to the development of research instrumentation, data collection procedures, and potential reporting formats. In addition, psychologists were invited to participate in GRIT Committee meetings. Description of the "End-of-Year Report" as a means of summarizing and reporting information about psychological services to schools was published in *CASP Today* (Appendix G).

During 1994-95, a baseline study was conducted on student referrals for psychological services. Thirty-two schools were selected for inclusion in the study sample. At these schools, psychologists collected demographic information on 1,684 students who were referred for psychological services. In addition, they maintained records of specific psychological services provided to the students such as early identification, psychological assessment, counseling and crisis intervention, and support services. The findings (McDaid & Reifman, 1995) were consistent with national surveys in that school psychologists spend two-thirds of time with activities related to special education identification, assessment and placement (Reschly & Ysseldyke, 1995). Student referrals were made by parents, classroom teachers, school administrators for psychological assessments, counseling and crisis intervention, classroom interventions and consultation about special education students and general education students as well as students nominated for gifted and talented education. SDCS school psychologists were found to serve approximately 16% of the district's students annually. Based upon the findings, recommendations were made that school psychologists need to: (1) assume leadership positions in the provision of improved human services in schools; (2) develop innovative, appropriate and feasible service delivery models with clearly defined priorities; and, (3) conduct outcome-based research focused on improving psychological service delivery systems.

In the 1995-96 school year, school psychologists gathered data for the second year. Data collection procedures and instrumentation were revised to ensure improved data quality. In designing the 1995-96 study, particular attention was given to collecting information that accurately described the broad range of job responsibilities and activities performed by school psychologists. The level of satisfaction expressed by recipients of psychological services such as school site personnel and parents was evaluated. The accountability studies contained in this report extend findings on student referral demographics and use of time by school psychologists reported earlier by McDaid & Reifman (1995).

Organization of the Report:

The report is organized around individual chapters presenting separate accountability studies. **Chapter Two** was co-authored by Arthur Reifman and Janet McDaid. The chapter describes student referral demographics, types of psychological services required to process student referrals, and a time study of the job functions of school psychologists.

Chapter Three was co-authored by Janet McDaid, Asdis Pierce, and Pauline Theodore. This chapter presents the results from interviews with school administrators, resource specialists, teachers, parents, and support staff including district counselors, nurses and speech and language specialists. The interviews were conducted to assess the perceived needs of school site personnel for psychological services. The study and interviews were done by Marta Carrasco, Vivianne Napoleon, Mary Nelson, Asdis Pierce, Joseph Rita, Laura Rosso-Knight, and Pauline Theodore.

Chapter Four was co-authored by Janet McDaid and Arthur Reifman. This chapter contains an analysis of results from interviews conducted with parents to assess their perceptions about psychological services received by their children. The parents' perceptions were assessed in terms of the quality of information provided, whether results and recommendations were explained in terms that could be understood, and the parents overall satisfaction with psychological services.

Chapter Five contains a synthesis of the key research findings. In addition, this chapter presents a "Blueprint for "Blueprint for Accountability Studies in School Psychology Services" along with recommendations for implementation.

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Chapter Two

Student Demographics and Time Studies of Psychological Services

Purpose of the Study:

School psychologists are continuously seeking ways to enhance the quality of their services while expanding their roles to promote student mental health, learning and welfare. The accountability studies contained in this chapter involved school psychologists in data collection and data analysis activities. The studies' findings will be used to monitor the quality of psychological services to students and to guide the design and delivery of future psychological services to schools. The accountability studies provide descriptive data on student referrals to school psychologists, types of psychological services provided to students and their families, and school psychologists' work activities.

Study Methods:

During the 1995-96 school year, descriptive information was gathered on students referred for psychological services. Students were referred for psychological services including psychological assessments, early identification of potential learning problems, counseling and crisis intervention, and support services. School psychologists were asked to record demographic information on each student referral using the Student Demographic Sheet -- an instrument designed specifically for the SDCS School Psychology Services Unit accountability study. The Student Demographic Sheet (Appendix A) is a revised version of the student data logs used in the baseline study conducted during 1994-95 (McDaid & Reifman, 1995). The Student Demographic Sheet was revised to improve data quality and ease of completion.

For each student referral, school psychologists completed a Student Demographic Sheet by recording the following information: student identification number, school, gender, ethnicity, grade level, language, federal handicapping code, type of referral, and services provided. These data allowed us to collect descriptive information on individual student referrals and the psychological services provided to the students and their families. Information was reported on 4,109 student referrals to school psychologists district-wide 1995-96. This does not represent all referrals for psychological services. It does represent student referrals on which data were collected and reported by the school psychology staff. In addition, data were collected separately for the 12,028 students evaluated by school psychologists as part of group testing for Gifted and Talented Education (GATE) certification during 1995-96.

Based on the first year's data (McDaid & Reifman, 1995), it was found that the school psychologists' work activities were not comprehensively described if we limited our study to only those services required to process individual student referrals. By working with the Grants, Research and Improved Technology (GRIT) Committee, we were able to identify 29 typical job responsibilities of school psychologists which are listed on the Psychologist Time Study Summary Sheet developed specifically for the study. Using the Psychologist Time Study Summary Sheet (Appendix B), school psychologists were asked to record in 30 minute intervals the amount of

time that they spent on designated activities. Data were collected during the weeks of October 23 - 27, 1995 and March 25 - 29, 1996. Ninety-seven percent of the SDCS school psychologists participated in the record-keeping.

Description of Student Referrals:

During the 1995-96 school year, a total of 130,360 students were enrolled in San Diego City Schools (SDCS District Profiles, October 1995). Sixty-one Full-Time Equivalent (FTE) school psychologists provided psychological services in 160 schools. Many school psychologists were responsible for as many as four different schools. During 1995-96, an SDCS individual school psychologist was responsible for 2,137 students on the average. SDCS school psychologists completed and submitted Student Demographic Sheets for approximately 6,000 students who were referred for psychological services. In addition to the individual student referrals, 12,028 students were tested by school psychologists for the GATE program. These data combined indicated the SDCS school psychologists provided services to approximately 18,028 students (13.8 percent of the total district enrollment). On the average, an individual psychologist served 296 students. Student referrals to the school psychologists were for the following reasons:

- special education referrals,
- Section 504 referrals,
- County Mental Health referrals,
- referrals of students enrolled in general education programs, and
- students tested for the gifted and talented education program.

Of the 6,000 Student Demographic Sheets that were submitted by the SDCS school psychologists, 4,109 Student Demographic Sheets contained complete data and were used in the accountability study. Data recorded on the 4,109 Student Demographic Sheets were used as demographic information to describe the characteristics of students who were referred for psychological services during 1995-96. These results show a fairly consistent picture of students seen by school psychologists when compared to 1994-95.

- Twice as many males as females continue to be identified as possibly in need of special services and referred to the school psychologists (Table 1).
- Ethnic referral patterns to school psychologists were consistent with that seen in other studies (Reifman, 1993, Reschly, 1991) in SDCS as well as nationally over many years. White and African American students were over-represented in referrals for special education evaluations in comparison to their representative numbers in the total district enrollment. Indochinese, Asian American, and Hispanic students tended to be under-represented among referrals for school psychologist services (Table 2).
- Students who were described as proficient English speakers composed the majority of student referrals to school psychologists (73.9%); 15.6% of the student referrals were bilingual; 7.6% were described as limited or not English proficient. Special language cases

such as severely disabled students composed 1.5% of the referrals.

- The majority of students referred to school psychologists were elementary school students enrolled in the primary grades. In 1995-96, school psychologists worked with increased numbers of younger students and decreased numbers of older students compared to the previous year (Table 3).

Table 1. 1994-95 & 1995-96 Student Referrals by Gender.*

	1994-95	1995-96
Males	68.6	67.9
Females	31.4	32.1

* expressed as percentages.

Table 2. 1994-95 & 1995-96 Student Referrals by Ethnic Background.*

	1994-95 Referrals	1995-96 Referrals	1995-96 District
Hispanic	24.6	26.4	32.3
White	41.7	41.1	30.8
African American	25.4	25.2	16.8
Filipino	8.4	3.2	2.4
Indochinese	3.2	2.4	8.4
Asian	0.9	1.8	2.4
Pacific Islander	0.9	0.5	0.9
Native American	0.7	0.7	0.7

* expressed as percentages.

Table 3. Student Referrals by Grade Levels, 1994-95 and 1995-96.*

	1994-95	1995-96
Kindergarten - Grade 3	29.6	37.5
Grade 4 - Grade 6	30.7	28.7
Grade 7 - Grade 9	23.5	20.5
Grade 10 - Grade 12	15.9	10.6
Infant - Preschool	0.3	2.7

* Expressed as percentages. Infant and preschool data were incomplete for 1994-95.

Individual students referrals were categorized into *special education referrals* (three-year review, initial referral, review of current special education placement, or an interim placement for a new student arriving in SDCS) or *non-special education referrals* from the general education program.

- A total of 79.6% of the individual student referrals were for *special education services* showing an increase of 3.3% over the previous year.
- Among the *special education referrals* and as shown in Table 4, three year evaluations were the most frequent type of special education referrals (45.1%) followed by initial referrals (35.8%), reviews of placement (15.7%) and administrative reviews (3.4%). Slight but not substantive variations are noted between types of special education referrals for 1994-95 and for 1995-96.
- *Non-special education referrals* comprised 20.4% of all individual student referrals showing a decrease of 3.3% under the previous year.

Table 4. Types of Special Education Student Referrals for 1994-95 and 1995-96.*

	1994-95	1995-96
Three-Year	47.9	45.1
Initial Referral	36.0	35.8
Review of Placement	13.6	15.7
Interim Placement	2.6	3.4

* Expressed as percentages.

In 1995-96, students identified as specific learning disabled, seriously emotionally disabled, and mentally retarded composed 76.4% of special education student referrals for school psychologists' services representing a 6.5% decrease from 1994-95. Student referrals in the low incidence and other disability conditions were 9.6% of special education referrals to school psychologists representing an increase of 4.3% over the previous year. A total of 12.3% of the special education student referrals were found ineligible for special education, showing an increase of 3.9% over the previous year. In 1995-96, 1.7% of special education student referrals were decertified for special education services compared to 3.4% in 1994-95.

Types of Psychological Services Provided to Students:

The 1994-95 baseline study (McDaid & Reifman, 1995) reported that SDCS school psychologists spent an average of 8.5 hours to process an individual student referral. This amount of time reflects the provision of direct psychological services to students and their families.

- Initial special education referrals required the most time at 9.9 hours per student referral on the average.
- Special education placement reviews required 9.4 hours to complete.
- Three-year special education reviews required 7.6 hours to complete.
- Interim placements of special education students enrolling as new SDCS students required 5.2 hours on the average.

- General education referrals, such as Section 504 assessments, early identification, psychological counseling and crisis intervention, required 4.6 hours to complete.

Based on these data, a cost-benefits analysis was conducted to compare the cost of conducting an assessment for special education when done by a SDCS school psychologist, HMO psychologist, and psychologist in private practice. We found that employing school psychologists to conduct student assessments is cost effective representing a savings ranging between \$214.00 to \$995.25 per child assessed (These results are given in more detail in Appendix E).

During the 1995-96 school year, school psychologists reported information on 4,109 student referrals using the Student Demographic Sheet (Appendix A). For each student referral processed and recorded, school psychologists indicated whether or not the student was referred for special education services and the referral reason. The school psychologist also recorded types of services provided in processing the referral such as site consultation team, staff consultation, parent consultation, student observation, psychological assessment, home visit, meeting or conference, counseling, crisis intervention, and interagency coordination. More than one service was marked for an individual student when appropriate. These data reported below are given in Table 5.

- The 4,109 students referred to SDCS school psychologists received a total of 13,838 services. Individual students received an average of 3.37 *professional services* from school psychologists.
- *Psychological assessments* were the most commonly received service with 2,756 students (67.1% of all student referrals) assessed by school psychologists.
- School psychologists conducted 2,646 *staff consultations* (64.4% of all student referrals).
- School psychologists provided additional services to students and their families such as: *classroom observations* (2,368 students, 57.6 % of all student referrals); *conferences* (2,241 students, 54.6% of all student referrals); *parent consultations* (1,679 students, 40.9% of all student referrals); and, participation in *site consultation team meetings* (1,619 students, 39.4% of all student referrals). Other activities were *interagency coordination* of services, *psychological counseling*, *home visits*, or *crisis intervention*.

Table 5. Psychological Services Provided to Students Referrals Reported During 1995-96.

	Number of Services	Percent of Students Receiving Service*
Psychological Assessment	2,756	67.1
Staff Consultation	2,646	64.4
Student Observation	2,368	57.6
Meetings and Conferences	2,241	54.5
Parent Consultation	1,679	40.9
Site Consultation Team	1,619	39.4
Interagency Coordination	320	7.8
Psychological Counseling	93	2.3
Home Visit	68	1.7
Crisis Intervention	48	1.2
Total Services - All Referrals	13,838	-
Average Services Per Referral	3.37	-
Number of Student Referrals	4,109	-

* Expressed as percentages. Totaled percentages do not equal 100% as students may have received more than one service.

The most frequent reason for a referral for psychological services among the 4,109 reported student referrals was to conduct a three-year special education review (39.6% of the total student referrals). Initial special education assessments were provided for 31.8% of the student referrals. The remaining reasons for a referral for psychological services and given in descending order were: review of special education placement (14.1% of all student referrals); classroom interventions (7.3% of all student referrals); special education interim placement (2.9% of all student referrals); positive behavior intervention plans (1.9% of all student referrals); and, County Mental Health referrals (1.5% of all referrals). Section 504 referrals and due process referrals were for less than one percent of all students who were referred. Among the 822 general education students who were referred for psychological services, 80.1% were for classroom interventions for students experiencing learning or behavioral difficulties. Among 3,261 special education students who were referred for psychological services, 76.9% were three-year evaluations and initial special education assessments.

School psychologists' services were examined in order to compare service delivery patterns between *special education student referrals* and *non-special education student referrals*. *Special education student referrals* are defined as students who were referred for an initial assessment to determine their eligibility for special education services, students who were already enrolled in special education and referred for a three-year review, placement change, or other psychological services. *Non-special education student referrals* are defined as general education students who were not enrolled in special education and who were not referred for an assessment to determine their eligibility for special education services. Table 6 presents an overview of the types of psychological services received by the *special education student referrals* and by the *non-special education student referrals*.

- Nearly four times more students were referred for special education services than were referred for non-special education reasons.
- *Special education student referrals* required more than eight times the amount of psychological services required by *non-special education student referrals*.
- On the average, a *special education student referral* received 3.78 psychological services compared to 1.77 services for a *non-special education student referral*.

The majority of *special education student referrals* received psychological assessments (82.5% of students). Other services received by special education students were staff consultation (72.9% of students), classroom observation (67.7% of students) and meetings and/or conferences (66.8% of students). Parent consultation was provided to 46.7% of the *special education student referrals* and site consultation meeting review was provided to 27.0%. Other psychological services including interagency coordination, counseling, home visits, and crisis

interventions. *Non-special education student referrals* most frequently received site consultation team meeting review (88.3% of the student referrals). Other services provided to *non-special education student referrals* included staff consultation (31.9% of students) classroom observation (18.6% of the student referrals), and parent consultation (6.9% of students). The remaining psychological services were psychological assessment, meetings and conferences, counseling, crisis intervention, and home visits.

Table 6. Psychological Services Provided to *Special Education Student Referrals* and *Non-Special Education Student Referrals* in 1995-96.

	<i>Special Education Student Referrals*</i>	<i>Non-Special Education Student Referrals*</i>
Psychological Assessment	82.5	6.8
Staff Consultation	72.9	31.9
Classroom Observation	67.7	18.6
Meetings and Conferences	66.8	18.0
Parent Consultation	46.7	6.9
Site Consultation Team	27.0	88.3
Interagency Coordination	9.1	2.7
Psychological Counseling	2.3	1.9
Home Visit	2.0	1.1
Crisis Intervention	1.2	0.5
Total Services - All Referrals	12,333	1,453
Average Services Per Referral	3.78	1.77
Number of Student Referrals	3,261	822

* Expressed as percentages. Totaled percentages do not equal 100% as students may have received more than one service.

Time Sampling of Psychologists' Work Activities:

The Psychologist Time Study Summary Sheet (Appendix B) was developed in order to obtain a comprehensive picture of how school psychologists spent their time performing work activities. Psychologists recorded their time in 30 minute intervals. They reported the amount of time spent performing the 29 activities listed on the summary sheets during the week of October 23 - 27, 1995 and March 25 - 29, 1996. A total of 124 weekly logs were completed by 68 individual psychologists. These individuals represented 97% of the total SDCS school psychology staff, and they represent a mix of full-time employees and part-time employees. The data were analyzed to reflect full-time employee equivalent work weeks. The data collected indicated that the school psychologists participating in the study put in 113.60 full-time equivalent weeks of work during October 23 - 27, 1995 and March 25 - 29, 1996. The school psychologists logged 4,309 hours excluding lunch and breaks. Drawn from these data, it was calculated that the average work week for a school psychologist was 40.43 hours.

- School psychologists reported that *psychological assessment activities* consumed 63.1 percent of their weekly activities.
- *Meetings, conferences and activities* termed as "set-up" such as travel, locating testing materials and/or space took up 17.2% of the weekly activities.
- *Early identification of potential learning problems* including staff consultation and classroom interventions took up 9.9% of the psychologists' weekly activities.
- *Psychological counseling and crisis intervention* consumed 6.2% of the psychologists' weekly activities.
- *Support services to school and district programs* consumed 3.1% of the psychologists weekly activities.

As shown in Table 7, *psychologists reported that preparing psychoeducational case reports required more time than other activities* at 19.2% (7.28 hours). This finding suggests that school psychologists require the equivalent of one eight-hour day per week to complete necessary report writing and paperwork. Conducting student assessments and staff consultations followed closely at 15.1% (5.73 hours) and 14.1% (5.35 hours) respectively. Preparing for and attending Individual Educational Program (IEP) meetings took 10.6% (4.02 hours) of the psychologists week. Travel, preparation time and administrative duties consumed another 13.2% (5.01 hours) of the week. The remaining 21.9% (8.31 hours) of the time were spent in site consultation team meetings, staff meetings, staff development, doing student and classroom observations, providing counseling and crisis intervention, parent conferences and home visits and other support services to the schools.

Table 7. Time Reported by School Psychologists as Spent on Weekly Job-Related Activities.

	Percentages* of Total Hours Reported
Report Writing	19.2
Psychological Assessment	15.1
Staff Consultation	14.1
Participation in IEP Meetings	10.6
Preparation & Travel	7.3
Administrative Duties	5.9
GATE Testing & Certification	5.6
Site Consultation Team Meetings	5.3
Staff Meetings & Staff Development	4.0
Student & Classroom Observations	3.7
Counseling & Crisis Intervention	3.1
Support to School & District Programs	3.1
Parent Conferences	2.5
Home Visits	0.2

* Rounded to tenth percent.

Although the time logs indicate that only 5.6% of the psychologists week is typically spent on activities related to testing and certification of students for the gifted and talented education program, the time summary sheets were collected outside of the period when GATE testing is typically conducted between November and March. In 1995-96, a computerized scoring and reporting system was developed as a means of improving the efficiency of the GATE testing procedures. We found that the average time saved by using the computerized scoring system was 13.74 minutes per child or 51.56% less time to conduct the GATE assessment and certification procedures. *On the average, the projected annual cost saving could be \$102,000 or 2,800 staff hours if every psychologist used computerized scoring and reporting system.* A more detailed accounting of the time required for GATE certification is given in Appendix F.

School psychologists were asked to rank how essential they perceived various job responsibilities. Highly rated activities such as IEP meeting participation, psychological assessments, observation as part of an assessment, report writing, staff consultation as part of assessment, parent interviewing, staff consultation as part of early identification, and participation in site consultation meetings accounted for 81.27% of the school psychologists' weekly activities as reported on Psychologist Time Study Summary Sheet. Four job responsibilities were rated as "less professionally essential" but were included to be among the ten most time consuming weekly activities -- testing and certification for GATE programs, preparation or "set-up time", travel time, and administrative duties such as required paperwork. These four activities occupied 19.10% of the psychologists' reported work activities.

Summary:

During the 1995-96 school year, a total of 130,360 students were enrolled in San Diego City Schools (SDCS District Profiles, October 1995). Sixty-one Full-Time Equivalent (FTE) school psychologists provided psychological services in 160 schools. Many school psychologists were responsible for as many as four different schools. *During 1995-96, an SDCS individual school psychologist was responsible for 2,137 students on the average.* SDCS school psychologists completed and submitted Student Demographic Sheets for approximately 6,000 students who were referred for psychological services. In addition to the individual student referrals, 12,028 students were tested by school psychologists for the GATE program. *These data combined indicated the SDCS school psychologists provided services to approximately 18,028 students (13.8 percent of the total district enrollment).* *On the average, an individual psychologist served 296 students.* Student referrals to the school psychologists were for the following reasons:

- special education referrals,
- Section 504 referrals,
- County Mental Health referrals,
- referrals of students enrolled in general education programs, and
- students tested for the gifted and talented education program.

Descriptive data compiled from 4,109 Student Demographic Sheets indicated that twice as many males as females were referred to school psychologists. White and African American students were over represented among student referrals for psychological services. Indochinese, Asian American, and Hispanic students were under-represented among student referrals compared to their representative numbers in the total district enrollment. Students who were described as proficient English speakers composed the majority of student referrals to school psychologists. In 1995-96, school psychologists worked with increased numbers of younger students and decreased numbers of older students compared to the previous year. *Three year evaluations were the most frequent psychological service received by special education student referrals.* Students identified as specific learning disabled, seriously emotionally disabled, and mentally retarded composed 76.4% of special education referrals for school psychologists' services.

On the average, school psychologists in the San Diego City Schools spent 8.5 hours to process an individual student referral. During the 1995-96 school year, students received a total of 13,838 psychological services. Per referral, an individual student received 3.37 services on the average.

- Psychological assessments were the most commonly received service (67.1% of student referrals).
- School staff consultations were received by 64.4% of student referrals.
- Classroom observations were made for 57.6 % of the student referrals.
- Meetings and conferences were convened for 54.6% of student referrals.
- Parent consultations occurred for 40.9% of student referrals.
- Site consultation team review meetings were held for 39.4% of student referrals.

Different patterns of service delivery were evidenced between the special education student referrals and non-special education student referrals. *Nearly four times more students were referred to school psychologists for special education services than were referred for non-special education reasons. Special education student referrals required more than eight times the amount of psychological services required by non-special education student referrals.* Among the 822 general education students referred for psychological assistance, 80.1% were for assistance with classroom interventions.

Overall, school psychologists reported that psychological assessment activities consumed 63.1 percent of their weekly activities. Preparing case reports was the single most time consuming activity requiring seven and one-half hours of the total work week. This is a significant finding in that, on the average, school psychologists require one day a week of office time to perform activities associated with report preparation and paperwork. School psychologists spent the majority of their time performing activities that were perceived as essential such as participating in parent meetings, conducting psychological assessments, doing classroom observations, staff consultations and participation in site consultation meetings.

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Chapter Three
School Site Needs for Psychological Services:
Perceptions of Parents, Administrators, Teachers, and Support Staff

Background Information:

San Diego City School psychologists serve a wide range of students spanning general education and exceptional programs. Results from the recent Nelson Communications Group survey (1994) indicated school administrators rated the need for increased school site psychologist time as a top priority. As psychologists strive to balance professionalism with their tight schedules and limited resources, they are working closely with school administrators to prioritize site needs for psychological services, assess their personal and time resources, and develop innovative, appropriate, and feasible service delivery models.

During 1995-96, a team of eight SDCS psychologists conducted structured interviews with school personnel at all levels at 17 school sites across the district to determine their needs. Interview questions were developed by the school psychologist team specifically for the study (Appendix C). The data were analyzed to identify recurrent themes among the interviewee's responses. This chapter contains a summary of findings from the structured interviews along with recommendations for further needs assessment surveying.

Methodology:

During the winter 1995-96, thirty-three structured interviews were conducted by psychologists at the school site level. Individuals who had interacted directly with them such as child study teams, multi disciplinary assessment teams, consultation groups, and parents were interviewed on a voluntary basis. Five open-ended questions and two rating scales evaluating psychologists' services were presented. The scale included six open-ended questions inquiring about specific school-site needs for psychological services and 24 items rating psychologists' services along a Likert-type scale. Recurrent themes in the respondents' answers to the open-ended responses were identified by two school psychologists and reviewed by the research team to identify needs for staff development presentations and parent education classes. Ratings of psychologists' were calculated and are reported as summary statistics.

Summary of Key Findings:

In this section of the chapter, the key findings are summarized from the needs assessment survey. The following questions were asked.

1. How could psychological services best meet the learning and mental health needs of students, families, and school site staff?
2. What makes psychological services valuable to school sites?
3. What rating would you give to SDCS school psychology services?

4. What experiences have you had with a school psychologist who was effectively working with a particular student, staff member or parent?
5. What is the main priority for staff development or parent education at your school site?
6. How would you use the school psychologist's time at your school site if it were increased?

1. How could psychological services best meet the learning and mental health needs of students, families, and school site staff?

The predominant theme identified in the responses was that psychological services would be significantly improved if more school psychologists were available to school sites. Administrators indicated that paperwork and clerical work, such as that associated with GATE testing should be assigned to other personnel so that the psychologists could spend more time directly interacting with students, parents, and staff. Classroom teachers, resource specialists and administrators asked for assistance with special education students who were included in regular education classes. School personnel also requested assistance from school psychologists in implementing prevention and intervention strategies with students. Resource specialists suggested the school psychologist's role be broadened to include a greater emphasis on intervention and collaboration with staff, parents, and community agencies. Illustrative responses are given below.

Provide additional time for psychologists to observe those children identified as having extreme special needs and also work with teachers on ways to better serve these children in regular classrooms. (School Principal)

Our psychologist is very knowledgeable and very good at explaining clearly to parents and staff about her results. It would be helpful if she was here full time to get done with the referrals for assessment and be more accessible for the teachers to confer with when questions arise. In a nutshell, we need her here more hours. (Classroom Teacher)

The psychological services offered by schools must be made available on a daily basis at every school campus. The services currently offered by the psychological professionals are outstanding but the one day a week that these professionals are available at the average elementary school means that they cannot service all the students who need them—much less meet the needs of student families and on-site school staff. (Classroom Teacher)

There is definitely a need in our schools for more psychologist on-site time. Psychologists should be a part of the child's team of parents, teacher, nurse, and administrator for the I.E.P.s and to assist when behavior problems arise. Parents should feel that they can get help for their child from the psychologist when that help is needed. In-service programs for teacher and staff could be provided by the psychologists on a more regular basis to help parents deal with the complicated issues that children are facing in today's society. (Parent)

2. What makes psychological services valuable to school sites?

School psychologists were described as good listeners and providers of highly specialized information about child development, behavior interventions, educational program options, and community resources. School administrators sought school psychologists who were responsive to school needs, had good rapport with school personnel, and demonstrated an awareness of student diversity. Parents described as particularly valuable the professional attitude demonstrated by school psychologists. Classroom teachers and resource specialists valued their good communication skills when interacting with others, consulting skills, and an understanding of the "whole child." Some comments about school psychologists' quality were:

School psychologists have knowledge and training in specialized fields. Insights on student, teacher and family behaviors. (School Principal)

They are responsive to school's needs-- quick responses. [Psychologists are] the best people to ask in schools [concerning special education questions]. (Vice Principal)

The most important quality for a psychologist is to have good rapport with the staff, especially the Resource Specialist and the parents. The psychologist must also be flexible-- to be able to come to the school to help with crises. The psychologist must also be able to communicate well with parents and the staff-- this is very important. (School Principal)

Evaluation of behavior problems using an open-minded mode because he or she has few preconceived notions. (Parent)

To help children, help parents to cope and learn more about a child's needs. Efficient, knowledgeable, caring. Caring is important. If someone does not care, you feel lost (Parent)

A psychologist brings to a school site professionalism and a base of highly advanced training. Their background in counseling, testing and staff/parent development are especially important to school sites. (Resource Specialist)

Willing to listen, willing to seek out appropriate information for students, willing to give teachers concrete information on learning strategies for special ed students. (Support Staff)

3. What rating would you give to SDCS school psychology services?

The interview respondents were asked to rank school psychologists on nine characteristics that were viewed as relevant to successful job performance. The rankings were on a four-point Likert-type scale: "frequently displays characteristic"; "usually displays characteristic"; "occasionally displays characteristic"; and, "seldom displays characteristic". Rankings of the school psychologists were positive with more than 50 percent of the respondents assigning the "frequently" ranking to the characteristics on the survey. School psychologists received their lowest rankings on "accessible services" with only 15 percent of the respondents indicating that psychologists "frequently" provided accessible services. Seventy-eight percent of the respondents indicated that psychologists "usually" or "occasionally" provided accessible services. Seven percent of the respondents indicated that the psychologists "seldom" provided accessible services. Additional comments made by the respondents were that there were simply not enough psychologists to do the job, that is, to provide sufficient coverage to schools. The comment suggests awareness of the limited accessibility of school psychologists due to insufficient staffing. These data are depicted in Table 1.

She [psychologist] took special time and interest in a child (new to this country from the middle east) and the entire family in completing a very difficult, challenging assessment.
(School Principal)

The most memorable thing about all the school psychologists I have worked with is their willingness to do what it takes to get the job done. They have all been willing to go that extra mile and put in those extra hours to serve the students on their caseloads.
(Classroom teacher)

When our child was first diagnosed with ADHD and learning problems, the school psychologist at our son's school was very helpful in giving us insight into what we're doing. She helped by counseling us regarding our child's needs, and how best to meet those needs. She gave us outside resources and directed us in how to use them. She provided literature on the subject of our child's needs. She helped us understand our child, made us feel that we weren't to blame for his problems, and helped us weather some of the challenges that we faced both emotionally and academically. She also prepared us for the future by telling us what we needed to know to make a successful life for our son. (Parent)

In every case, [psychologist] has gone out of her way to do more work than is necessary whether it be for a student who is going to fair hearing or for a student being certified for the special education. She works particularly well with parents who are sometimes in a state of emotional turmoil. She is extremely supportive of all parents and students. After a student is placed, she generally follows up on the child family to find out how things are working out for them. (Resource Specialist)

Our psychologist has been working with a family/child whose son went to consultation team to find resources and free equipment. He has been helpful in setting up the computer lab on his own personal time. (Resource Specialist)

Once we made a home visit. The student was very depressed but both student and family gave no reason to suggest why the student was so depressed. The psychologist, who was sitting on the floor, very patiently interviewed the student and his mother with an aunt present. After about an hour, the aunt finally "got it" and said "oh maybe he's like that (depressed) because his father was shot on the doorstep in his presence a few months ago". The psychologist never reacted in a shocked manner. She calmly said how sorry she was and made the family feel unashamed about this event and was able to explain why therapy was so important. She never made the family feel defensive or bad in any way. (Resource Specialist)

A particular student was involved with a life threatening substance abuse and the school psychologist was highly effective in getting the young man immediate help and the family expert counseling. She may have literally saved a life! (Support Staff)

Table 1: Ratings of School Psychologist Services.*

	Frequently	Usually	Occasionally	Seldom
Knowledgeable	68	32	0	0
Essential Services	67	26	5	0
Competent	64	33	2	2
Child Advocate	64	33	0	2
Caring	59	28	10	2
Specialized Services	55	39	6	0
Effective Communicator	53	42	0	0
Handles Tough Problems	53	39	1	0
Accessible Services	15	45	33	7

* Expressed as percents. Rounded to nearest whole number.

4. *What experiences have you had with a school psychologist who was effectively working with a particular student, staff member or parent?*

Recurrent themes were identified in the interviewees' responses relating to the school psychologists' ability to work with especially complex and difficult situations. The psychologists' experience, knowledge and responsiveness were particularly valued. School personnel mentioned specific cases where the psychologist coordinated resources and assisted parents in accessing community services. Parents focused on the provision of services and information. Resource specialists and support staff members cited specific cases in which they observed or participated with the school psychologist in working on difficult or problematic cases. Comments are given below.

I have worked closely with the psychologist on a number of cases regarding students and their families. On one in particular, she was enormously helpful to us working with psychologists, Children's Hospital, C.P.S., and social workers. As a result of her indefatigable efforts this child remains at our school (thankfully!) and is functioning better than she ever has since starting here in kindergarten. (Support Staff)

5. What is the main priority for staff development or parent education at your school site?

In order to identify concerns of school site personnel and parents, we asked the interview respondents were asked to rank their needs for staff development or parent education. Rankings were along a three-point scale: "top priority", "mid-range priority", and "low priority". Table 2 indicates "top priority".

- behavior management in classrooms (14 respondents);
- assistance with strategies for children diagnosed with attention deficit hyperactivity disorder (12 respondents);
- inclusion of special education students (8 respondents);
- assistance to support the learning needs of limited English proficient children (8 respondents);
- accommodations/modifications of classroom instruction (6 respondents).

Table 2. Ratings of Issues of Concern at School Sites*.

	Top Priority	Mid-Range	Low Priority
Behavior Management	76	21	2
Modification of Instruction	65	27	8
Attention Disorders	56	41	2
Parent Education	55	40	1
Inclusion & Special Education	53	40	1
LEP Learning Needs	51	35	14
Anxiety & Depression	50	28	11
School Violence	50	25	25
Stress & Coping Students	47	44	9
Stress & Coping Teachers	46	46	1
Interagency Collaboration	29	37	34
Early Childhood Issues	28	42	30
Crisis Prevention	41	29	29
Children Prenatally Exposed to Drugs, Alcohol	40	40	20
Teen Pregnancy	21	18	61

* Expressed as percents. Rounded to nearest whole number.

6. How would you use the school psychologist's time at your school site if it were increased?

The most pressing issue to the school administrators, teachers, and resource specialists was completion of student assessments. Next was provision for more consultation and assistance to classroom teachers, psychological counseling and crisis intervention, behavior management, and coordination of community resources and services to children and families. School personnel described psychologists as a valuable resource in their ability to work with parents and indicated that they would like to see increased psychologist time at the school sites.

We are "backed up" with psychological assessments currently. (School Principal)

Collaboration with classroom teachers following observations and interview of children with extreme special needs. (School Principal)

I would have them invite teachers to discuss problems with them. Increase inservice to teachers and increase accessibility to parents. (School Principal)

To finish all the evaluations brought to team. (Classroom Teacher)

Initially, we would use the time to catch up on our backlog of pending testing. Secondly, it is my belief that having the psychologist work with students and families in need would be the next priority. (Resource Specialist)

To handle crisis intervention needs, lead student groups of classroom sessions on stress management/coping skills for students, and on anxiety/depression in students. Also, talk with parents about their concerns and their students. (Classroom Teacher)

Be available to parents. (Parent)

Increase the time spent with individual staff members and whole staff (consultations). Provide direct student or staff counseling. More direct communication with parents. Provide students time to interact with or see the psychologist outside specific testing time. (Resource Specialist)

Used more as a resource and liaison with agencies and parents. (Support Staff)

Summary:

This study was conducted to determine the perceived needs of parents, school administrators, teachers, resource specialists, and support staff for psychological services at school sites. As psychologists strive to balance professionalism with their tight schedules and limited resources, they are working closely with school administrators to clearly prioritize site needs for psychological services, assess their personal and time resources, and, then, develop innovative, appropriate, and feasible service delivery models.

Key findings from the structured interviews with parents, school principals and vice principals, classroom teachers, resource specialists, and support staff indicated that school-based personnel are receptive to and welcoming of psychological services. Psychologists are characterized by school site personnel as knowledgeable, competent professionals and child advocates who provide essential services to schools. Of primary concern to school personnel was the limited accessibility of school psychologists. Their top priority was that psychological assessments be completed in a timely manner. The interview respondents also expressed awareness that there were simply not enough district psychologists to meet the needs of individual school sites. Drawn from the current interview data, the following recommendations are given for future evaluation of school site needs.

Recommendation #1. Topics of the highest priority and interest to school personnel were: increased knowledge of attention deficit hyperactivity disorder, behavior management in the classroom, learning needs of the limited English proficient student, school violence, anxiety and depression in the children, parent training and education, inclusion of special education students in the classroom, and modification of classroom instruction. These topics should be presented on a "needs survey" which can be utilized by school administration, governance teams, and classroom teachers to select and prioritize topics for inservice, staff development, and parent education.

Recommendation #2. Content and format of the "needs survey" should be a combination of interviewing, open-ended questions, and rating scales limited to 10-15 minutes of the respondent's time to complete. Content should be drawn from the data, and priorities identified in the current study with periodic evaluations conducted by the School Psychology Services Unit to identify and include emerging topics on future surveys.

Recommendation #3. Future surveys of the needs for school psychological services should be expanded to include alternative service delivery models such as those suggested by the respondents in the current study: expanded collaboration with staff and parents, more consultation and less testing, assistance and evaluation of classroom interventions, provision of counseling services and crisis intervention, follow-up and program evaluation.

Recommendation #4. School psychologists need to work closely with school administrators to prioritize individual school site needs and help school administrators to identify external and alternative funding sources to support increased psychologist services to students, families and school site staffs.

Chapter Four

Parent Satisfaction with School Psychologist Services: Exploratory Study

Purpose of the Study:

The purpose of the study was to assess the level of satisfaction expressed by parents regarding psychological services received by their children. Fagan (1995) describes children and their families as the primary clients of school psychologists. The study was conducted to obtain parents' perceptions of psychological services and, also to explore the feasibility of using the interviewing format developed specifically for this study. Parental satisfaction was assessed through structured interviewing inquiring about whether or not the school psychologist listened to parents' questions, understood parental concerns, was knowledgeable about the child's needs, clearly explained the assessment results, and the parents' overall satisfaction with the school psychologist's services.

Research Questions:

The research questions were designed to assess parental satisfaction with the school psychologist's services. The information was obtained through parent interviewing and addressed the following:

1. Why was the child referred to the school psychologist?
2. Were the parents invited to a school consultation team?
3. Did the parents participate in an IEP team meeting?
4. What was the nature and frequency of parental contacts with the psychologist?
5. Did parents believe that the psychologist listened to their questions?
6. Did parents believe that their concerns were understood by the school psychologist?
7. Did parents believe that the psychologist was knowledgeable about their child's needs?
8. Did parents perceive that the psychologist clearly explained information about their child?
9. What was parents' overall satisfaction with the school psychology services that they received?
10. What was parents' overall satisfaction with their child's school?
11. What was the most helpful thing that the school psychologist did for the parents or their child?

Description of the Study Sample:

At the completion of the 1995-96 school year, school psychologists were asked to submit the names of three students with whom they had worked during the past year. Forty-six students were selected as typical of the students seen by school psychologists. Students were selected for their representativeness in terms of referral reasons, gender, grade level, racial/ethnic demographics, and geographic location ("typical case" nonprobability sampling). During Summer 1996, families were selected for the follow-up interviews. They were contacted about their

willingness to participate in our phone survey and assured that their individual responses would be kept confidential. Forty parents agreed to participate in the interviewing. Two parents did not wish to participate. It was not possible to locate two of the parents, and data was insufficient and could not be used from two other interviews. The interviews were conducted using an interviewer trained specifically for the study. Among those interviewed were the child's mother (77.5%), father (17.5%), and others having custody of the child including grandmother (2.5%), and uncle (2.5%).

The parents stated that the primary reasons their children had been referred to the school psychologists were concerns about school performance. Another frequent referral reason was three-year evaluations of special education students with identified learning disabilities, behavioral problems, or health-related issues. Assessment and parent conferencing were the primary services provided by the school psychologist.

Distribution of the student referrals by grade levels were as follows:

- kindergarten through third grade (40.0%);
- fourth grade through sixth grade (35.0%);
- seventh grade through ninth grade (17.5%); and,
- tenth and eleventh grades (7.5%).

Students were drawn from a total of 30 district elementary schools, middle schools, and high schools, two private schools, and one licensed children's institution. Student gender was males (72.5%) and females (27.5%). The racial/ethnic background of 70% of the students served was white and 30% of the students were African American, Hispanic, and Asian American. Spanish was identified as the primary language of home for two families, and Japanese was identified as the primary language for one family. When we contacted these parents, they chose to be interviewed using English.

Data Collection Procedures:

In June 1996, SDCS school psychologists were asked to nominate the names of three children who received psychological services during the 1995-96 school year. The psychologists were informed that structured interviews would be conducted with a sample of parents of the nominated children. The researchers compiled student profiles on the population of children nominated by the school psychologists in terms of the following demographics: gender, school of attendance, grade level, racial/ethnic background, language of the home, and language proficiency. Forty-six students whose demographic characteristics were typical of students referred for psychological services were selected for parent interviews.

The Parent Interview Form (Appendix D) was designed specifically for the study (Appendix E). The Parent Interview Form contains 11 structured questions. Six questions were in a "yes" or "no" format with a probing question to be asked when a "no" response was given ("if no, please explain"). Two questions rating parents' satisfaction with the school psychology services and with

their child's school were administered as Likert-type ratings ("very satisfied", "satisfied", "dissatisfied", or "very dissatisfied"). Two questions were open-ended - "why was your child referred to the school psychologist?" and "what was the most helpful thing that the school psychologist did for you or your child?". One question asked specifically about the quantity and quality of contacts between the parents and school psychologist.

Interviews with the parents were conducted by phone during July and August 1996. The interviewer was a college student who was trained by the researchers specifically to administer the parent interview. The average length of time to conduct the parent interview was 10 minutes. The interviewer followed a set of directions with each parent which required that she introduce herself and state that the interview was being conducted as a follow-up to assess the parent's satisfaction with the school psychology services provided to their child. The goal was to obtain information that will improve psychological services to children and their families. Parents were told that information provided about their child would be kept confidential. They were asked if they wanted to participate with an option to proceed with the interview questions or schedule the interview at another time. Forty parents agreed to participate with the interviewing, two parents declined to participate, and two parents could not be reached by phone. In addition, interviewing was attempted with two parents, but data were not used because of unclear responses.

Study Results:

In this section of the report, the study's results are presented for each of the eleven research questions. The first research question asked parents, "why was your child referred to the school psychologist?" The primary reason for referral was to clarify suspected learning or behavioral problems. Other frequent reasons were for three year evaluations or placement changes of special education students.

Referrals for school psychologist services came from the parents themselves, classroom teachers, and other professionals such as family physicians. The referrals were categorized as follows:

- (1) psychological assessment of the child for possible special education placement due to suspected learning or behavioral problems (23 respondents, 57.5%);
- (2) identified previously as a special education student and referred for three-year assessment, placement change, or consultation (12 respondents, 12.5%); and,
- (3) request for school psychologist consultation (five respondents, 10%).

Parents whose children were referred for a psychological assessment for possible special education placement gave responses such as those made below. The primary concern was suspected or possible learning disabilities and academic difficulties.

"She had difficulty with reading. She was having reversals at a late age. Her reading just wasn't up to par."

"His academic grades were low and he is slow."

"She was struggling in some subjects. [The teacher and staff] wanted a complete evaluation done to find out what the problem was."

"He has problems with reading comprehension."

Among parents who requested an initial psychological assessment to determine the child's eligibility for special education, we noted many responses indicating that the parents had decided their child had learning disabilities prior to the referral. Such a decision is reflected in this parent's response *"to get tested for learning disabilities. We already knew that for three years that he had them, though"*. Parents indicated that family physicians often suspected their child's difficulties in school were due to learning disabilities.

Among parents whose children were already identified as special education students, parents indicated that their child was receiving school psychologist services as part of the annual or three-year review process, to re-assess special education placement, or that the psychologist had provided long-term follow-up as case manager, *"he has been under the care of [psychologist] since January 1991 for his emotional problems"*. The third category of responses concerned a request for consultation with the school psychologist on specific problems as reflected by voiced concerns such as *"he has behavior problems like kicking and screaming"*, *"he was evaluated for attention problems and we needed help with ideas for how to help him organize his homework assignments"*. Many of these students were not referred for special education services.

Two research questions inquired about the process through which the parents interacted with the school psychologists. Eighty-five percent of the parents indicated that they had participated in a consultation team meeting. Typically, a consultation team meeting involves the parent (s), classroom teacher, school principal and school support services staff such as the school psychologist, school nurse and school counselor. The consultation team meeting serves as the first step to discuss the child's school problems and develop an initial intervention plan. Ninety percent of the parents indicated that they had participated in an Individualized Education Program (IEP) meeting to discuss the results of psychological assessment for special education services.

Parents were asked about their contacts with the school psychologist in terms of the frequency and nature of the exchanges. Parents reported that they spoke with the school psychologists in meetings such as consultation team meetings, IEP meetings, through phone contacts, and in unscheduled, informal meetings at school. On the average, parents reported that they had interacted with the school psychologists concerning their children approximately three to four times over the school year. When additional services were needed, parents reported a need for more interaction with the psychologist.

A typical parent's description of their interactions with the school psychologist is illustrated in this parent's response, *"over the phone once, once at school in the hallway, at the site team meeting, and in the IEP meeting"*. Ongoing follow-up of services by the psychologist is indicated by the following comments, *"I spoke with him about 30 times in the past and about four times this year alone. We spoke about my son's [special education] placement," "we talked in person or I would call her or she would call me to check on my son", "before testing and then after we talked about results. There was some other testing and she wrote a letter for me. She was very helpful"*. A more extreme case was this father's comment, *"we've spoken 15 to 20 times over the phone this year. Lately we've been speaking two to three times a week because my son's going through a lot now"*. School psychologists were perceived as a resource and support to parents.

We examined the parents' perceptions about the quality of the school psychologist's services by asking questions such as the following.

Did the psychologist listen to their questions?

Were their concerns understood by the school psychologist?

Was the psychologist knowledgeable about their child's needs?

Did the psychologist clearly explain information about their child?

Among the parents who participated in the interviewing, 92.5% responded positively that they felt that the school psychologist listened to their questions; one parent responded "no" and two parents responded with "I don't know". Parents who responded positively volunteered comments such as *"we felt that he [school psychologist] was honest and open, he was willing to answer any of our questions", "yes, I have nothing but the best to say about her. She was most helpful all year long", "yes, the report was very well written"*. The one negative comment related to the parent's difficulty gaining access to the school psychologist's services.

Among the parents interviewed, 87.5% indicated "yes" to the question "do you feel that your concerns were understood by the school psychologist?" Five percent gave "no" as their response, and 7.5% responded with "I don't know". Parents were generally positive, but they indicated concerns that school psychologists were *"overloaded work-wise"* and *"they only have so much time and resources"*.

Eighty percent of the parent interviewees thought that the school psychologist was knowledgeable; 7.5% of the parents responded with "no"; and, 12.5% responded with "I don't know". Parents spoke positively of the psychologists' expertise and ability to synthesize and personalize information. Two of the three parents who responded negatively had children who were assessed for special education services but were not found to have a handicapping condition. Parents voiced their concerns as follows: *"no, they claimed there was no learning disability"* and *"he didn't take my child into account. He was just concerned with what the papers said"*. "I don't know" responses were of a more tentative nature such as, *"I don't know. I think she had my*

daughter's best interests in mind" or due to the parental concerns about how long it took before the school psychologist services were made available.

Ninety-five percent of the parents interviewed indicated that the school psychologist clearly explained information about their child. Parents perceived school psychologists as concerned and supportive. The parents were very positive about the manner in which psychologists presented their assessment findings. Several parents indicated that the information was clearly explained to them by the school psychologist, but they did not *"quite understand the standard deviations and test scoring methodology"*. Two parents responded with "I don't know" although one of those parents reported that the psychologist *"listened and valued my judgement as a parent."*

Parents were asked to rate their overall satisfaction with the psychological services they had received. Rating was along a four-point scale of "very satisfied", "satisfied", "dissatisfied", or "very dissatisfied". Among all parents surveyed, 50% indicated that they were "very satisfied"; 37.5% were "satisfied"; 10% indicated that they were "dissatisfied"; and, 2.5% were "very dissatisfied". In addition, parents rated their satisfaction or dissatisfaction with their child's school along the same scale. Among the parents surveyed, 27.5% indicated that they were "very satisfied" with their child's school, 47.5% were "satisfied", 10% were "dissatisfied" and 15% were "very dissatisfied". As shown in Table 1, parents were more likely to indicate a higher level of satisfaction with school psychologist services than with their child's school services in general. More parents indicated dissatisfaction with their children's school than with school psychologist services. Twice as many parents whose children were receiving special education services expressed that they were very dissatisfied with their children's school than parents whose children were not receiving special education services.

Table 1. Parents' Satisfaction with Psychology Services and their Children's Schools.*

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Totals
Psychology Services	50.0	37.5	10.0	2.5	100.0
School Services	27.5	47.5	10.0	15.0	100.0

* Parent ratings are expressed as percentages.

To help determine aspects of school psychologist services that were viewed as particularly helpful, the parents interviewed were asked to name the most helpful thing that the school psychologist did for them or their child. Parents' responses were grouped into the following three

categories based on content. The first category was *child advocacy*. Responses concerned with *child advocacy* were characterized by psychological assistance focused on outcomes such as when the psychologist identified, sought, and obtained educational and counseling services for the child. The second category was *problem clarification*. Responses concerned with *problem clarification* were those in which the psychologist was able to present and integrate assessment information to help the parents and school staff gain an understanding of the child's problems and their implications for school performance. The final category was concerned with providing *parent support*. *Parent support* responses were typified by parents' comments indicating that assistance and reinforcement to the family was especially valued as well as was the accessibility and timeliness of the psychologist's services.

Parents responses indicated they valued highly psychological assistance that was characterized by *child advocacy*. *Child advocacy* responses were typified by this parent's comment, "*she [school psychologist] went to bat for our daughter. She went out of her way to get the support and programs we needed for our daughter*". *Problem clarification* responses focused on identification and clarification of the child's needs in a team setting as illustrated by the following parent comments, "*she [psychologist] allowed for us to come together to discuss his needs and how to improve his abilities in the classroom during the IEP meeting*". Responses focusing on *parent support* are illustrated by the following comments: "*he listened to me and he talked to me*" and "*the most helpful thing she did for me was always being available to me. I was able to contact her anytime. If she was not available, she contacted me back very quickly*". The results of this exploratory study indicated that parents perceive school psychologists as very helpful. School psychologists' assistance was valued in terms of services that they provided to the children and for the support and assistance given to the parents. School psychologists were perceived as assisting families in the areas of *child advocacy*, *problem clarification* and *support to parents*.

Summary

The study was conducted to determine if it was possible to evaluate parents' level of satisfaction with psychological services. The majority of parents interviewed had children assessed for special education services or had a child enrolled in special education. Parents requesting consultation with the school psychologist on specific problems were represented to a lesser degree in the study sample. It might be noted that special education referrals comprised the majority of referrals to school psychologists. The interview data reflect levels of parent satisfaction among student referrals on which school psychologists were likely to have spent the most time.

The parents' responses indicated that most parents had participated in school consultation team meetings, IEP meetings in addition to having phone contact, and informal meetings at school with school psychologists. On the average, parents interacted with the school psychologists concerning their children, three to four times over the school year. They had more contact with the school psychologist when additional services were needed or when the need arose to modify existing services.

Eighty-seven percent of all parents surveyed indicated that they were satisfied with school psychology services. Parents gave the school psychologists very positive ratings in the following areas.

- *school psychologist understood their concerns (87.5% responded positively);*
- *school psychologist was knowledgeable about their child (80.0% responded positively);*
- *school psychologist clearly explained information (95.0% responded positively).*

Parents indicated a higher level of satisfaction with school psychologist services than with their child's school services. Parents voiced concerns that they were not able to access the school psychologists' services quickly often as related to limited district personnel and resources. However, once psychological services were provided, parents indicated very high levels of satisfaction overall.

The parent respondents viewed school psychologists as helpful. They indicated three categories of psychological services were highly valued. The first category was when assistance focused on outcomes in particular when the psychologist identified, sought, and obtained educational and counseling services for the child (*child advocacy*). The second category concerned the presentation and integration of information to help the parents and school staff gain an understanding of the child's problems (*problem clarification*). The third category was when reinforcement and assistance given specifically to the parent (*parent support*). In general, we found that contacting parents as a follow-up to their receiving services from a school psychologist yields valuable information that can be used toward improving psychological services.

In summary, findings from the parent interviews indicated that this research approach yields valuable information about the parental perceptions and their satisfaction with psychological services. It is recommended, future parent interviews be conducted immediately following service delivery and that the interview questions be reviewed by school psychologists and parents in light of the current study's findings before it is readministered. Parent interviews should be conducted as part of the SDCS School Psychology Services Unit on a regular basis as part of the ongoing accountability study process.

Chapter References:

- Fagan, T. K. (1995). Trends in the history of school psychology in the United States. In *Best Practices in School Psychology*. Third Edition. (Eds.) Alex Thomas & Jeff Grimes. Washington, DC: National Association of School Psychologists, 59-67.

Chapter Five

Discussion, Blueprint for Future Accountability Studies, and Recommendations

This report contains accountability studies which were conducted to determine how effectively school psychological services promote student mental health, learning and welfare within San Diego City Schools. The School Psychology Services Unit's Grants, Research, and Improved Technology (GRIT) Committee developed an initial planning model to guide implementation of the accountability studies. Components of the planning model were: (1) identify relevant issues and variables for study; (2) develop instrumentation and data collection procedures; (3) train school psychologists on research variables, instruments & data collection procedures and reporting formats; (4) implement accountability studies; and, (5) report and disseminate research findings. It is important that the accountability studies are continued to guide the quality of school psychological services provided to children and their families.

Findings from the studies of student referrals for psychological services indicated that **61 full-time equivalent (FTE) school psychologists** provided services in **160 schools** during 1995-96. SDCS school psychologists reported that they served **a total of 16,137 students**, and, on the average, **an individual psychologist provided direct services to 265 students during the school year**.

Student referrals for psychological services included:

- *special education referrals,*
- *Section 504 referrals,*
- *County Mental Health referrals,*
- *referrals of students enrolled in general education programs, and*
- *students tested for the GATE certification.*

The findings indicated that twice as many males as females were referred to school psychologists. White and African American students continued to be over represented among student referrals for psychological services compared to their representative numbers in the total district enrollment. Indochinese, Asian American, and Hispanic students continued to be under represented among student referrals. Students who were described as proficient English speakers composed the majority of student referrals to school psychologists. In 1995-96, school psychologists worked with increased numbers of younger students and decreased numbers of older students compared to the previous year. Three year evaluations were also a large percentage of frequent type of special education referrals. Ongoing accountability studies should be conducted to monitor student referral patterns relative to ethnic/racial demographics, grade level, reasons for referral, and types of psychological services provided.

On the average, school psychologists spent 8.5 hours to process each student referral. During the 1995-96 school year, complete information that could be analyzed for the purposes of the accountability study was provided by school psychologists on a total of 4,109 student referrals. These students received a total of 13,838 services from school psychologists. Different patterns

of service delivery were evidenced between the special education student referrals and non-special education student referrals. Nearly four times more students were referred to school psychologists for special education services than were referred for non-special education reasons. Special education student referrals required more than eight times the amount of psychological services required by non-special education student referrals.

Overall, school psychologists reported that psychological assessment activities consumed 63.1 percent of their weekly activities. Preparing case reports was the single most time consuming activity requiring seven and one-half hours of the total work week. This finding indicated that school psychologists require one day a week of office time to perform activities associated with report preparation and paperwork. School psychologists spent the majority of their time performing activities that were perceived as essential such as participating in IEP meetings, conducting psychological assessments, doing classroom observations, staff consultations and participation in site consultation meetings.

Key findings from the structured interviews with parents, school principals and vice principals, classroom teachers, resource specialists, and support staff indicated that school-based personnel are receptive to and welcoming of psychological services. Their top priority was that psychological assessments be completed in a timely manner. School personnel expressed interest in increased knowledge of topics such as attention deficit hyperactivity disorder, behavior management in the classroom, learning needs of the limited English proficient student that could be addressed in staff development activities by school psychologists. It is recommended that ongoing surveys of the school site needs for psychological services be conducted. It is also recommended that the surveys be expanded to include alternative service delivery models such as expanded collaboration with staff and parents, more consultation and less testing, assistance and evaluation of classroom interventions, provision of counseling services and crisis intervention, follow-up services and program evaluation. School psychologists will need to provide school principals with information about the broad range of activities that they can assist school staffs in addition to testing and assessment.

Parent interviewing was found to yield valuable information about parental perceptions and satisfaction with psychological services provided to their children. Overall, the parents interviewed indicated very high levels of satisfaction with the psychological services they had received. From their responses, three categories of highly valued psychological services were identified. The first category was when assistance focused on outcomes in particular when the psychologist identified, sought, and obtained educational and counseling services for the child (child advocacy). The second category concerned the presentation and integration of information to help the parents and school staff gain an understanding of the child's problems (problem clarification). The third category was when reinforcement and assistance given specifically to the parent (parent support). It is strongly recommended that parent interviewing be conducted on a regular basis as part of ongoing accountability studies.

Blueprint for Future Accountability Studies

The accountability studies conducted during 1995-96 yielded valuable information that can be used to determine the extent to which school psychologists successfully promote student mental health, learning and welfare in San Diego City Schools. The planning model depicted in Chapter One provided an initial framework for the implementation of the accountability studies. The planning model guided development of key research questions, data gathering procedures as well as reporting techniques. As a result of the studies presented in this report, the knowledge base about school psychological service delivery patterns has been enhanced significantly in terms of understanding the following factors:

- characteristics of students referred for psychological services;
- types of psychological services provided to students;
- expressed school site needs for psychological services; and,
- level of parental satisfaction with psychological services provided to their children.

Accountability studies should be continued in each of the four areas given above to ensure that high quality psychological services are provided to children and their families. *Conducting the accountability studies will enhance the capacity of the School Psychology Services Unit to provide information regarding students who receive psychological services, perceived needs at school sites for psychological services, and parental satisfaction to the Board of Education, Superintendent, other key decision-makers, and the Special Education Community Advisory Committee.* In addition, and as a result of the work described in this report, *individual school psychologists now have data gathering instruments (Appendices A, C, D) as well as a reporting formats (Appendix G) that they can use to evaluate and report information about psychological service delivery to school principals and governance team decision-makers at individual school sites.* The "End of Year" report (Appendix G) can be organized into a report card format. School psychologists can present standardized data about psychological services provided annually to individual school sites, schools within high school clusters, or schools district-wide. The reports can be designed to describe student referral patterns, degree to which school site needs for psychological services were met, and parental satisfaction with psychological services. *Expanding and continuing systematic accountability studies will ultimately result in improved psychological services to students and their families.*

The "Blueprint for Accountability Studies in School Psychology Services" depicted in Table 1 is offered as a framework for future studies. In order to implement the "Blueprint", the following factors need to be emphasized: (1) establish a capacity to study timely and critical issues and provide rapid reports of findings; (2) increased use of sampling procedures in data gathering; (3) continued revision and refinement of the instrumentation; (4) enhanced strategies for communicating and reporting findings from the accountability studies; and, (5) incentives for increased staff participation and involvement in the accountability studies. Specific research questions that serve to focus data gathering, data analysis, and reporting activities are:

- Which students are being referred for psychological services?
- How quickly are referrals handled by psychologists?
- What are perceived school-site needs for psychological services?
- How satisfied are parents with psychological services received by their children?

Data collection should include instruments such as revised versions of the Student Demographic Sheets (Appendix A), Structured Interviews for School Needs Assessment (Appendix C), and Parent Interview Guidelines (Appendix D). The Student Demographic Sheets (Appendix A) should be expanded to include an item that indicates whether or not special education time lines were met for assessments. Data gathering should be conducted by each school psychologist for their assigned school sites. Data collection procedures would employ a combination of probability and nonprobability sampling procedures. The program evaluation standards related to utility, feasibility, propriety, and accuracy put forth by The Joint Committee on Standards for Educational Evaluation (1994) will be closely followed. Data from the various instruments would be collected, aggregated, and reported annual by the School Psychology Services Unit, GRIT Committee to address the following research questions: "Which students are being referred for psychological services?", "How quickly are referrals handled by psychologists?", and "How satisfied are parents with psychological services received by their children?". The intended audiences for the School Psychology Services Unit reports of findings would be the Board of Education, Superintendent, other key decision-making district audiences and the Special Education Community Advisory Committee. In addition, individual school psychologists would prepare an annual "End of Year" report (Appendix G) summarizing key findings to each research question for their school sites.

Table 1. Blueprint for Accountability Studies in School Psychology Services.

Research Questions	Data Collection Procedures	Reporting Methods
1. Which students are being referred for psychological services?	<u>Student Demographic Sheets</u>	- Reports to Schools* (June) - Reports to Board of Education, Superintendent, Key Decision-Makers, & Community Advisory Committee** (annual)
2. How quickly are referrals handled by psychologists?	Monitor Special Education Time Lines Using Revised <u>Student Demographic Sheets</u>	- Reports to Schools* (June) - Reports to Board of Education, Superintendent, Other Key Decision-Makers & Community Advisory Committee** (annual)
3. What are perceived school-site needs for psychological services?	<u>Structured Interviews - School Needs Assessment</u>	- Reports to Schools* End of Year (June) Beginning of Year (September)
4. How satisfied are parents with psychological services received by their children?	<u>Parent Interview Guidelines</u>	- Reports to Schools* (June) - Reports to Board of Education, Superintendent, Other Key Decision-Makers, & Community Advisory Committee** (annual)

* Annual reports prepared by each school psychologists for their assigned schools.

** Annual reports prepared by School Psychology Services Unit, Grants, Research & Improved Technology (GRIT) Committee.

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Recommendations for Implementation:

1. In order for accountability studies to continue within the School Psychology Services Unit, strong administrative support needs to be provided to the Grants, Research & Improved Technology (GRIT) Committee. The committee chairs will need a minimum of one office day per week, appropriate hardware, and clerical assistance to adequately conduct the research and provide technical support to the school psychology staff.
2. It is recommended that a packet of materials and guidelines be prepared and distributed to school psychologists which contains a description of the "Blueprint for Accountability Studies in School Psychology Services" given in Table 1 along with data gathering instruments and the "End of Year" report format.
3. Administrative support and incentives should be provided requiring that all school psychologists to participate in the accountability studies.
4. Calenders with time lines should be prepared for reporting key findings from the accountability studies to the Board of Education, Superintendent, other key decision-makers, and the Special Education Community Advisory Committee.
5. Expectations need to be communicated to all psychologists that they are required to prepare and present an "End of Year" report at each of their assigned schools.
6. Continued exploration of strategies for effectively communicating the results of the accountability studies such as verbal presentations, poster sessions, newsletters, executive summaries, and chart essays.

References:

- Sanders, J. (1994). *The program evaluation standards: How to assess evaluations of education programs*. 2nd Edition. The Joint Committee on Standards for Educational Evaluation. Thousand Oaks, CA: Sage Publications.

List of Appendices

- APPENDIX A - Student Demographic Sheet**
- APPENDIX B - Psychologist Memorandum, Data Collection Sheets, Time Study Sheets and Activity Rating Sheets**
- APPENDIX C - Structured Interview of School Administrators, Teachers, Resource Specialists, Parents**
- APPENDIX D - Parent Interview Guidelines**
- APPENDIX E - Cost Benefits Analysis of Special Education Assessment**
- APPENDIX F - 1995-96 GATE Testing: Cost Savings of Computerized Scoring**
- APPENDIX G - End-of-Year Report: *CASP Today* Article and Format**

APPENDIX A - Student Demographic Sheet

**SCHOOL PSYCHOLOGY SERVICES
EXCEPTIONAL PROGRAMS DEPARTMENT
STUDENT DEMOGRAPHIC SHEET**

Student Name	
ID Number	
Psychologist	
Date Opened	
School/Code	
Gender	☐ Male ☐ Female
Ethnic Code	☐ Hispanic (EC0) ☐ Asian (EC3) ☐ Filipino (EC7) ☐ White (EC1 or EC6) ☐ Native American (EC4) ☐ Indochinese (EC8) ☐ African American (EC2) ☐ Pacific Islander (EC5)
Grade Level	☐ 01 ☐ 04 ☐ 07 ☐ 10 ☐ Infant to 3yrs ☐ Transition ☐ 02 ☐ 05 ☐ 08 ☐ 11 ☐ Preschool ☐ 03 ☐ 06 ☐ 09 ☐ 12 ☐ Kindergarten
Language	☐ NEP ☐ Limited English ☐ Bilingual ☐ English Only ☐ Special Cases
FHC	☐ SLD ☐ MER ☐ DEA ☐ HOH ☐ ORH ☐ VHI ☐ TBI ☐ Not Qualified ☐ SED ☐ SPI ☐ DEB ☐ MUH ☐ OHI ☐ AUT ☐ NONE ☐ Decertified

Type of Referral ☐ Special Ed Referral ☐ General Ed Referral ☐ Administrative Placement ☐ Initial SpEd ☐ 3Yr Review ☐ Review of Placement ☐ 3632 Referral ☐ 504 Referral ☐ Pos Beh Intervention ☐ Classroom Intervention ☐ Due Process	Services Provided ☐ Site Consultation Team ☐ Staff Consultation ☐ Parent Consultation ☐ Student Observation ☐ Assessment ☐ Home Visit ☐ Meeting/Conference ☐ Counseling ☐ Crisis Intervention ☐ Interagency Coordination
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Special Program Optional	☐ SEEC ☐ SED ☐ LCI ☐ DHH ☐ VHI ☐ NonPublic ☐ LowIncidence
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INSTRUCTIONS: Fill out new demographics sheet for each individual case at time of original referral.

**APPENDIX B - Psychologist Memorandum,
Data Collection Sheets, Time Study Summary Sheets,
and Activity Rating Sheets**



SAN DIEGO CITY SCHOOLS

DANA CENTER | 1775 Chatsworth Boulevard, San Diego, CA 92107-3709

SCHOOL SERVICES DIVISION
Exceptional Programs Department
Phone: (619) 225-3682
Fax: (619) 225-9368

Date: March 8, 1995
To: All Psychologists
From: McDavid & Reifman via Penman
Subject: Time Study to be Conducted March 25 - 29, 1996

As we have discussed, all psychologists are required to participate in a time study during the week of March 25- 29th. We are asking you to record on attached "*Psychologist Time Study Data Collection Sheet*" your activities in 30 minute intervals for Monday, March 25th, Tuesday, March 26th, Wednesday, March 27th, Thursday, March 28th, and Friday, March 29th using the activity codes on the "*95/96 Psychologist Time Study Summary Sheet*". The activity codes are reproduced below for your convenience. Add up totals for the entire week for each activity code and enter this data on to the attached "*95/96 Psychologist Time Study Summary Sheet*". Your completed forms are to be returned to Art Reifman no later than Tuesday, April 9th. If you have any questions, please call Jan McDavid (225-3701) or Art Reifman (225-3724). We appreciate your cooperation with this important project.

Psychologist Activity Codes:

- | | | | |
|-----|---|-----|--------------------------------|
| 1. | Consultation Team Meeting | | |
| 2a | Staff Consultation about Early Identification & Intervention (general education only) | | |
| 2b. | Staff Consultation Counseling or Crisis Intervention | | |
| 2c. | Staff Consultation Involving Assessment | | |
| 3. | Psychological Assessment | | |
| 4a | Observation as part of Early Identification & Intervention (general education only) | | |
| 4b. | Observation during Counseling or Crisis Intervention | | |
| 4c. | Observation during Assessment | | |
| 5a | Parent Conference as part of Early Identification & Intervention (general education only) | | |
| 5b. | Parent Conference during Counseling or Crisis Intervention | | |
| 5c. | Parent Interviewing as part of Assessment | | |
| 6. | Report Writing | | |
| 7. | IEP Meeting | | |
| 8a | Home Visit as part of Counseling or Crisis Intervention | | |
| 8b. | Home Visit as part of Early Identification & Intervention (general education only) | | |
| 8c. | Home Visit as part of Assessment | | |
| 9. | Psychological Counseling | | |
| 10. | Crisis Intervention | | |
| 11. | Interagency Coordination | | |
| 12. | GATE Testing (includes paperwork, scoring, testing, conferences) | | |
| 13. | Program Planning | | |
| 14. | Parent Education | 18 | Staff Development Presentation |
| 15. | Community Outreach | 19. | Set-Up Time (preparation) |
| 16. | Staff Meeting | 20. | Travel Time |
| 17. | Professional Growth Activity | 21. | Administrative Time |

**SDUSD Exceptional Programs Department
PSYCHOLOGIST TIME STUDY DATA COLLECTION SHEET**

Name: _____
 Sites: _____
 Date: _____

INSTRUCTIONS: Log activities by code for each 30 minute period Monday through Friday of the sample week. Enter only one code for each 30 minute period. Transfer sum of total units to Time Study Summary.

	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30
M																				
T																				
W																				
TH																				
F																				

SIGNATURE certifying that this is a true and accurate report to the best of my knowledge and belief.

 Name

 Date

SDUSD 95/96 Psychologist Time Study Summary Sheet

Psychologist Name
 School Site Names/Codes
 Date mm/dd/yy

TOTAL 30MIN UNITS

	1.Consultation Team Meeting
	2a.Staff Consultation about Early Identification and Intervention
	2b.Staff Consultation Counseling or Crisis Intervention
	2c.Staff Consultation involved in an Assessment
	3.Psychological Assessment
	4a.Observation as part of Early Identification and Intervention
	4b.Observation during Counseling or Crisis Intervention
	4c.Observation during an Assessment
	5a.Parent Conference during Early Identification and Intervention
	5b.Parent Conference during Counseling or Crisis
	5c.Parent Interviewing as part of Assessment
	6.Report Writing
	7.IEP Meeting
	8a.Home Visit as part of Counseling or Crisis Intervention
	8b.Home Visit during Early Identification and Intervention
	8c.Home Visit as part of Assessment
	9.Psychological Counseling
	10.Crisis Intervention
	11.Interagency Coordination
	12.GATE Testing
	13.Program Planning
	14.Parent Education
	15.Community Outreach
	16.Staff Meeting
	17.Professional Growth Activity
	18.Staff Development Presentation
	19.Set-up Time
	20.Travel Time
	21.Administrative Time

TOTAL

INSTRUCTIONS. Record the total number of 30 minutes units for each code listed and the grand total of units at the bottom.

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Psychologist Name _____

Date mm/dd/yy

- 1.Consultation Team Meeting
- 2a.Staff Consultation about Early Identification and Intervention
- 2b.Staff Consultation Counseling or Crisis Intervention
- 2c.Staff Consultation involved in an Assessment
- 3.Psychological Assessment
- 4a.Observation as part of Early Identification and Intervention
- 4b.Observation during Counseling or Crisis Intervention
- 4c.Observation during an Assessment
- 5a.Parent Conference about Early Identification and Intervention
- 5b.Parent Conference during Counseling or Crisis Intervention
- 5c.Parent Interviewing as part of Assessment
- 6.Report Writing
- 7.IEP Meeting
- 8a.Home Visit as part of Counseling or Crisis Intervention
- 8b.Home Visit during Early Identification and Intervention
- 8c.Home Visit as part of Assessment
- 9.Psychological Counseling
- 10.Crisis Intervention
- 11.Interagency Coordination
- 12.GATE Testing
- 13.Program Planning
- 14.Parent Education
- 15.Community Outreach
- 16.Staff Meeting
- 17.Professional Growth Activity
- 18.Staff Development Presentation
- 19.Set-up Time
- 20.Travel Time
- 21.Administrative Time

1 - Non Essential 2 - Less Essential 3 - Essential 4 - More Essential 5 - Highly Essential.

**APPENDIX C - Structured Interview of School
Administrators, Teachers, Resource Specialists, Parents**

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Structured Interview of School Administrators, Teachers, Resource Specialists, Parents

Directions: *A team of SDCS psychologists have developed a structured interview that will take approximately 30 minutes to give. The purpose of the interview is to gather data on your beliefs about the value of school psychologists' services and to help determine needs for school-site inservice from school psychologists in San Diego City Schools as specified in the Exceptional Programs Department Strategic Plan.*

Name & Title & School of the Person Interviewed: _____

Name of Psychologist Conducting the Interview: _____

Date of the Interview: _____

Interview Questions:

1. How could psychological services in schools be re-designed to best meet the learning and mental health needs of students, families, and school-site staff?

2. a. What qualities make school psychologist services valuable to school sites?

- b. Rate school psychologist services in terms of the following descriptors:

	<i>Frequently</i>	<i>Usually</i>	<i>Occasionally</i>	<i>Seldom</i>
a. <i>Highly specialized</i>	1	2	3	4
b. <i>Knowledgeable</i>	1	2	3	4
b. <i>Competent professionals</i>	1	2	3	4
c. <i>Child advocate</i>	1	2	3	4
d. <i>Caring, people-oriented</i>	1	2	3	4
e. <i>Accessible services</i>	1	2	3	4
f. <i>Effective communication skills</i>	1	2	3	4
g. <i>Can handles tough problems</i>	1	2	3	4
h. <i>Essential services to schools</i>	1	2	3	4

3. Tell me about an episode, incident, or interaction you had with school psychologist who was effectively working with a particular student, family, or staff member. (probes: who was involved, what did the school psychologist do that was memorable, specially what did the psychologist do that was particular effective with the student, family, or staff member what was the outcome?)

4. a. Rate the following topics in terms of whether or not you think that they are issue of concern to staff at (your) school-site:

	<i>Top Priority</i>	<i>Mid-Range</i>	<i>Low</i>
<i>a. Attention deficit disorder in children & youth</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>b. Behavior management in classrooms</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>c. Handling crisis intervention (suicide, death, trauma)</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>d. Learning needs of limited English proficient children</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>e. Early childhood assessment/readiness</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>f. School violence</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>g. Anxiety/depression in children & youth</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>h. Children prenatally exposure to substances (alcohol, drugs)</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>I i. Stress management for teachers</i>			
<i>j. Stress management/coping skills for students</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>k. Parent training & education</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>l. Inclusion of special education students in the mainstream</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>m. Accommodation/modification of classroom instruction</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>n. Interagency collaboration</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>o. Teen pregnancy</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>p. Other, please name _____</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>b. If you were to select top issues of concern (from above) to your school-site staff, which three issues would you select?</i>			
5. Would you consider having a school psychologist conduct a staff development or inservice at your school site on the identified top issues of concern? (If no, why not? Who would you use?)			
6. How would you use psychologist time at your school site if it were increased?			
7. Are there any questions that you wish to ask or any further comments regarding our development of the psychologists' needs survey?			

Thank you for your time with the interview questions

APPENDIX D - Parent Interview Guidelines

PARENT INTERVIEW

Complete at Time of Interview

Child's Name:

Person Interviewed:

Relation to Child:

Date/Time of Interview:

Interviewer:

Child's Birthdate:

Gender of Child:

School/Grade:

Racial/Ethnic:

Language Proficiency:

Interviewer -

Hello Ms/Mr. _____

My name is _____. I'm from San Diego City Schools. Our records indicate that your child was evaluated at **Name of School**. We are doing a follow-up to assess your satisfaction with the school psychology services provided to your child.

We have some questions to ask you. It will take about ten minutes. This information is confidential. This information will help us improve our district's school psychology services to children and their families.

Proceed with questions.

If they don't have time now ask, "Can we set another time for the interview that would be more convenient for you?" Schedule time to call them back.

Time Scheduled: _____

Interview Questions -- Page One

1. Why was your child (say name) referred to the school psychologist?

2. Were you invited to a school consultation team meeting about your child?

Yes/No (Circle one)

If Yes, Did you participate in the meeting?

Yes/No (Circle one)

3. Did you participate in an IEP (individualized education planning) team meeting about your child?

Yes/No (Circle one)

4. Approximately how many times did you talk with the school psychologist about your child?
When did you speak with the school psychologist? What did you talk with the school psychologist about?

Number of contacts =

Times and reasons for contacts =

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Interview Questions – Page Two

5. Do you feel that the school psychologist listened to your questions?

Yes/No (Circle one)

If No - Please explain why.

6. Do you feel that your concerns were understood by the school psychologist?

Yes/No (Circle one)

If No - Please explain why.

7. Do you think that the school psychologist was knowledgeable about your child's needs?

Yes/No (Circle one)

If No - Please explain why.

8. Did the school psychologist explain information about your child clearly?

Yes/No (Circle one)

If No - Please explain why.

Interview Questions – Page Three

9. How would rate your overall satisfaction with the school psychology services you received along this scale?

(Circle response) Very Satisfied Satisfied Dissatisfied Very Dissatisfied

10. How would you rate your overall satisfaction with your child's school along the same scale?

(Circle response) Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Now in closing I have one more question for you.

11. What was the most helpful thing that the school psychologist did for you or your child?

**APPENDIX E - Cost Benefits Analysis of
Special Education Assessment**

Special Education Assessment – Cost Benefits Analysis of Special Education Assessment

A cost benefits analysis was conducted to compare how much it costs to have a special education assessment conducted by a SDCS school psychologist, Managed Health Organization (HMO) psychologist, and a clinical psychologist in private practice at the prevailing rates in San Diego County. Data were obtained through from SDCS salary schedules maintained by payroll and interviews with psychologists practicing in a managed care organized and/or in private practice. From earlier studies (McDaid & Reifman, 1995), we know that it takes 8.5 hours on the average to complete a psychoeducational assessment which includes testing, data analysis and interpretation, scoring, report writing, and parent conferencing.

The average hourly rate for a school psychologist in San Diego City Schools is **\$36.60** per hour including salary and benefits (*1994-95 salary schedule*). HMO psychologists' rates ranging from \$60.00 to \$90.00 per hour. Typically, managed care providers have restrictions on the type of assessment and the length of time for which they can bill. The hourly rate of psychologists in the private sector ranges between \$125.00 to \$150.00 per hour. Many third party insurance and managed care providers do not cover psychoeducational assessments, as this type of evaluation is available through the public schools. As a result, the psychoeducational assessments are not frequently done by private psychologists. Many parents have private assessments done at their own expense -- which may be at the highest prevailing rate. Private psychologists generally charge separately for meeting attendance at their hourly rate.

The following assumptions were used to calculate assessment costs for a comparison of the cost to conduct a special education assessment by a SDCS psychologists, HMO provider, and a psychologist in private practice.

- Average time to complete a psycho-educational assessment is 8.5 hours.
- Cost comparisons do not include administrative costs or fixed overhead.
- SDCS school psychologist's average hourly rate is \$36.60.
- HMO providers' average hourly rate is \$75.00 and ranging from \$60.00 to \$90.00.
- Managed care reimbursement limit for assessment is six hours.
- Private psychologist average hourly rate is \$137.50 and ranging from \$125.00 to \$150.00

As shown in Table E-1, cost comparisons to conduct a psychoeducational assessment and report assessment findings to parents in an IEP show significant variance between the private practitioner, HMO psychologist, and SDCS school psychologist. The private practice psychologist charges on the average \$1,306.25 for a special education assessment and with a range of between \$1,187.50 to \$1,425.00. The HMO provider charges on the average \$525.00 for a special education assessment with a range of between \$420.00 to \$630.00. The SDCS school psychologist costs \$311 on the average to conduct a special education assessment. *Employing school psychologists to conduct special education assessment is cost effective representing a savings of between \$214.00 and \$995.25 per child assessed for special education.*

Additional benefits to the district are:

- provision of cost-effective early prevention and intervention services;
- availability to staff and students in times of crisis;
- understanding of instructional programs and school systems;
- familiarity with school policies, school staffs, students, and communities; and,
- provision of a wide range of services such behavior management, ongoing consultation with parents and school personnel, systematic classroom observations, records review, staff development and parent education, and participation on school site consultation teams.

Table E-1. Average Cost Comparisons for Psychoeducational Assessments of 8.5 Hours.

Provider	Private Practice Psychologist	HMO Psychologist	SDCS School Psychologist
Assessment Costs	\$1,168.75	\$450.00	\$311.00
One-Hour IEP	\$137.50	\$75.00	Included
Total Costs	\$1,306.25	\$525.00	\$311.00

- i The hourly rate includes salary and benefits and was provided by the district budget office.
- ii Private Psychologist hourly rate information was provided by Charles Hogan, Ph.D. Dr. Hogan maintains a private practice in San Diego County and is on the panels of various managed care provider networks.
- iii Most managed care plans exclude psycho-educational assessments.
- iv Administrative costs and fixed overhead should be similar for both district school psychologist and private psychologists.

**APPENDIX F - 1995-96 GATE Testing:
Cost Savings of Computerized Scoring**

1995-96 GATE Testing: Cost Savings of Computerized Scoring

SDCS school psychologists are responsible for testing and certification procedures for the Gifted and Talented Education (GATE) programs. During 1995-96, SDCS school psychologists evaluated 12,028 students in grades two, five, and seven as part of the Gifted And Talent Education (GATE) certification process. Students were nominated by their teachers and, then, tested in groups of 10 to 20 students using the Raven Progressive Matrices. Among the 12,028 students tested, 4,072 students (33.6%) were certified for GATE which corresponds closely with previous years. Testing is generally conducted in the late fall or winter. During 1995-96, data was gathered from 17 school psychologists serving 43 schools to determine the total time spent certifying students for the GATE program. Time reported by the psychologists included their helping teachers nominate students, notifying parents and obtaining their permission to assess, testing students and scoring their tests, notifying parents of the results and preparing reports and summaries of the test results. The time expenditures for psychologists to conduct the GATE certification and testing previously reported by McDaid and Reifman (1995) was 29.2 minutes per student assessed.

In 1995-96, a computerized scoring and reporting system was developed as a means of improving the efficiency of the GATE testing. Table F-1 presents data from 43 district schools showing the amount of time required to complete the GATE testing and certification using the "traditional" approach -- all of the test scoring and paper work by hand; and, using the computerized scoring and reporting. On the average, 26.7 minutes per student are required to complete GATE certification using the hand scoring approach. On the average, 12.9 minutes per student are required using the computerized approach. We found considerable variability in the amount of time that it took to complete the GATE testing and certification activities among individual psychologists. The computerized scoring approach presents an efficient approach to completing the required GATE activities. When these data are examined in light of a cost benefits analysis, we find that the average time saved by using the computerized scoring system was 13.74 minutes per child or 51.56% less time to conduct the GATE assessment and certification procedures. *At the average hourly rate for a school psychologist in San Diego City Schools for the 1994-95 school year of \$36.60 per hour including salary and benefits, the projected annual cost saving would be \$102,000 or 2,800 staff hours if every psychologist used computerized scoring and reporting system. Even with the new computerized scoring system, SDCS school psychologists spend considerable time away from direct services to children in order to complete paperwork required for the GATE assessment and certification. It is recommended that further evaluation be conducted in order to develop an effective and efficient system for GATE assessment and certification. The evaluation should continue to focus on ways to reduce the amount of time school psychologists are required spend on paperwork tasks. The goal is to increase the amount of time available for SDCS psychologists to provide direct services to children, families and school staffs.*

Table F-1. Time Required Per Student Nomination for GATE Certification Using Traditional Scoring & Computerized Scoring Approaches

	Mean	SD	Median	Mode*
Total Sample	18.3	16.2	18.9	20.0
Traditional Approach	26.7	23.9	28.4	--
Computerized Approach	12.9	16.7	10.8	--

* Time expressed in minutes. The total sample = 43 school and 17 school psychologists.

APPENDIX G - End-of-Year Report:
***CASP Today* Article* and Format**

* Reprinted with permission. From CASP Today, Volume 33, Number 3, Pages 9-10.

School Psychology End-of-Year Report Model

School Name

School District Name

June 1, 1994

To: School Principal Name
From: School Psychologist Name

I have enjoyed working at your site this past year. During 1993-94, I served students, staff, and parents in the following ways by conducting: (a) assessments to determine special education eligibility—as either initial pre-referral administrative placements, or three-year evaluations (00 students total); (b) consultation with school staff on individual students experiencing mental health problems (00 individual students—more than one consultation provided per student); (c) preventive intervention/counseling of students including interagency coordination (00 students); and, (d) presentations to psychology classes throughout the year (approximately 00 students in 00 classes combined, reaching a total of 000 tenth, eleventh, and twelfth graders). In addition, supportive counseling was provided to individual teachers in need of assistance. ## workshops were offered to your staff on strategies for managing stress during the past school year reaching 000 teachers, aides, administrative team members combined. For those students who received direct psychological services from me, information is listed below.

- By grade-levels and special education programs, 00.0% of students assessed were tenth graders; 00.0% were eleventh graders, and 00.0% were twelfth graders. Among special education students, 00.0% were specific learning disabled; 00.0% were low incidence/severely disabled; and, 00.0% were seriously emotionally disturbed.
- By ethnic and racial groups, 00%, Anglos; 00.0%, African Americans; 00.0%, Asians; 0.0%, Filipinos; and, 0.0% Pacific Islander students received direct psychological services.
- Regarding language proficiency, 00.0 were limited English proficient, or bilingual; 00.0% of the students assessed spoke English only; and 00.0% were classified as non-English proficient. Twice as many limited English proficient and bilingual students received psychological interventions during 1993-94 than in the previous year.
- For gender, 00.0% of the male students receiving psychological services and 00.0% females. Slightly more females were seen in 1993-94 than during, 1992-93. Females were twice as likely to be seen due to self-referrals than were males. Males were more likely than females to be seen due to a referral by school staff.
- 00 cases involved crisis intervention, extensive monitoring, interagency coordination, family/parent counseling due to the intense, complicated nature of the students/family's, e.g., depression, high anxiety, suicide threats, diagnosed thought disorder, sexual abuse, family tragedy, substance abuse, sexual identity issues, eating disorders, low grades, school avoidance, concerns about HIV infection; unexpected death of a significant other, victimization, physical abuse in the home, life threatening accident; homelessness, and pregnancy.

In summary, I would evaluate this year's successes as developing responsive and timely delivery of preventive interventions and other psychological services to your school site's students with disabilities and their families. Making regularly scheduled presentations in the psychology classes was a successful approach to reaching underachieving gifted students and their families and generated many self-referrals. Students evaluated the class presentations highly and asked for more information specifically on stress reduction beginning early in the school year. Planning for next year, I would like to continue our efforts of this year. I will be meeting with you and your administrative team before school ends to share information and plan for psychological services next year.

END-OF-YEAR REPORT: LET SCHOOLS KNOW YOUR ACCOMPLISHMENTS

Janet L. McDaid
CASP Research Chair

Year after year, school psychologists, with all their expertise and training in educational measurement and assessment, collect volumes of data. Year after year, their data are placed into individual student's school records, special education files, Medi-Cal databases, and special education Management Information Systems (MIS). Educational budgets are becoming leaner year by year and each spring. As fiscal proposals are reviewed for the upcoming year, school district superintendents, school boards, and decision-makers wonder what psychologists actually do. School psychologists need to start using a proactive and positive approach to reporting what they accomplish during a school year—their best practices and their hard work with students, teachers, parents, and other school community members. In other words, it is not unreasonable to use your data to let schools know about your accomplishments. Use these data to start your own district public relations campaign for school psychologists.

Beginning in 1991, I decided to put all the data that I was collecting for others to work for myself. I developed a single-page, summary report to communicate my accomplishments at each school site receiving my services. A brief and objective school psychologist end-of-year report can effectively let a school principal see the amount of psychological services provided each year as well as offer summary statistics on services and student demographics. Over each school year, I keep track of my work systematically using a combination of my calendar/appointment book and student data logs developed by the school psychology section in San Diego City Schools (SDCS). In early June and before the end of the school year, using simple mathematics—no more compli-

cated than calculating percentages—I sum up my accomplishments and provide descriptive information on the students that I have served. The end-of-year report is given in a written format accompanied by a face-to-face meeting with the school principal and, if possible, the school's administrative team and/or

Educational budgets are becoming leaner year by year...school boards... wonder what psychologists actually do as fiscal proposals are reviewed for the upcoming year.

the school's governance team before the last day of school. I have found it is effective and timely to present the information before school ends. If you wait until the next school year, your report is old news and priorities, issues, and personnel may be different. The persistent and continual change in school districts gives particular urgency to the old adage "strike while the iron is hot."

The first year that I prepared the end-of-year reports, it took extra time to draft a succinct memo. In subsequent years, I have been able to develop my end-of-year report by drawing on the past years' versions. The report format can be easily customized for school psychological services at the elementary or secondary school level. Presented on the following page is a model of an end-of-year report. Note that the report is limited to one page, and data are presented objectively with limited discussion and only a few conclusions. Writing in a scientist-practitioner model of school psychology will present your data clearly in a format that can be widely distrib-

uted to teachers, parents, and even school district decision-makers. The end-of-year report can serve as positive public relations and illustrates how much we accomplish annually. The use of graphics in the form of bar graphs or pie charts add to a professional report format. As an individual school psychologist, I prepare end-of-year reports for each of my assigned school sites. If uniform data were collected by school psychologists on variables such as student ethnicity, grade levels, language fluency, types of services, educational outcomes across a school district, a district-wide end-of-year report could be prepared easily.

School administrators have been very positive about the end-of-year reports, and they have come to expect receiving them. In general, the report's brevity, conciseness, and summary statistics are appreciated and used in the school principals' own evaluations of accomplishments at their school site over the year. I distribute my end-of-year reports widely to the teaching and support staff. In addition to providing an annual overview of the psychologist's services at school sites, the report can: (a) serve as a useful planning document for improving or strategically changing our service delivery to sites; (b) present statistics and a rationale for providing increased support services to schools and/or maintaining current levels of service; and, (c) generate discussion on problematic and persistent issues such as whether ethnolinguistically diverse students are receiving appropriate services or whether or not preventive interventions are utilized adequately before referrals are made to special education. If you are interested in using the report format and would like an electronic copy, please contact Jan McDaid at (619) 225-3701.

